PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 10635 516

Eπective January 1, 2003									307	3 -	0020	
		CLAIMS A	S FILED - (Column	· · · · · · · ·	(Column 2)		SMALI TYPE	SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			65				RAT	E	FEE	7	RATE	FEE
FOR			NUMBER	FILED	NUMB	BER EXTRA	BASIC		375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			n mi	nus 20= '	* 45		X\$ 9)=	405	OR	X\$18=	
INDEPENDENT CLAIMS			if m	inus 3 =	*		X42	_		1	X84=	
Μl	JLTIPLE DEPEN	NDENT CLAIM P	RESENT	, <u>, , , , , , , , , , , , , , , , , , </u>			-		42	OR		
* 11	the difference	in column 1 is	less than z	ero, enter '	"0" in c	column 2	+140	_	0.00	OR	+280=	
			MENDED - PART II				TOTA	^۱ ۲	822	OR	TOTAL	711001
		(Column 1)	(Column 2)			(Column 3)	SMA	LLE	NTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	X42:	=		OR	X84=	
L	FIRST PRESE	ENTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		+140	_		OR	+280=	
							TOT	ΓAL			TOTAL	-
		(Column 1)		(Colum	n 2)	(Column 3)	ADDIT. F	EE L			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9:	= [OR	X\$18=	
	Independent	*	Minus	***	21. 4.11.4	=	X42=	=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		OR	+280=	·
	1 1	V 535				TOT				TOTAL		
		(Column 1)		(Columi	n 2)	(Column 3)	ADDIT. F			,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=	X42=			l	X84=	
Ĺ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT (CLAIM		772=	+		OR	A04=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+280=	
**	If the "Highest Nur If the "Highest Nu	mber Previously Pa mber Previously Pa iber Previously Paid	id For" IN THI aid For" IN THI	S SPACE is I IS SPACE is I	ess than	1 20, enter "20."	ADDIT. FE	EE L			TOTAL ADDIT. FEE	
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